

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED PAGE 1/156
SECRETARY OF THE SENATE
PUBLIC RECORDS
05-31-12
DATE

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

FRIENDS OF DUANE SAND 2012

ADDRESS (number and street)

418 ROSSER AVE

SUITE 100

☐ Check if different than previously reported. (ACC)

BISMARCK

ND

58502

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00494948

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

ND

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☒

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

MM / DD / YYYY
06 / 12 / 2012

MM / DD / YYYY
06 / 12 / 2012

MM / DD / YYYY
06 / 12 / 2012

in the State of

ND

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

MM / DD / YYYY
06 / 12 / 2012

MM / DD / YYYY
06 / 12 / 2012

MM / DD / YYYY
06 / 12 / 2012

in the State of

ND

5. Covering Period

MM / DD / YYYY
04 / 01 / 2012

MM / DD / YYYY
04 / 01 / 2012

MM / DD / YYYY
04 / 01 / 2012

through

MM / DD / YYYY
05 / 23 / 2012

MM / DD / YYYY
05 / 23 / 2012

MM / DD / YYYY
05 / 23 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer SCOTT B MACKENZIE

Signature of Treasurer

SCOTT B MACKENZIE

Date

MM / DD / YYYY
05 / 31 / 2012

MM / DD / YYYY
05 / 31 / 2012

MM / DD / YYYY
05 / 31 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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(Revised 02/2003)